



DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH PROFESSIONS LICENSURE

617-727-6091

<http://www.mass.gov/dph/boards/>

**Date Received (stamp):**

**Entered into the Database(Date):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Docket #:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Acknowledgement letter sent (Date):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_

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Please complete this form as fully as possible. (PLEASE DO NOT WRITE ABOVE LINE.) Please type or print legibly in ink  
**COMPLAINT BY:**

Name: \_\_\_\_\_  
Last Name First Name M.I.

Address: \_\_\_\_\_  
Number Street Daytime Phone  
City State Zip Code Evening Phone

Best way to reach you: ☐Evening Phone ☐Daytime Phone ☐E-mail: \_\_\_\_\_

**COMPLAINT AGAINST (use separate form for each licensed individual):**

Name: \_\_\_\_\_  
Last Name First Name M.I.

Address: \_\_\_\_\_  
Number Street Daytime Phone  
City State Zip Code License Number/Type Class

Business Name

Business Address Daytime Phone

City State Zip Code Business License # / Type Class

Please check the trade or profession that this complaint pertains to:

**Dental**

\_\_\_\_\_ Dentist

\_\_\_\_\_ Dental Hygienist

**Nursing**

\_\_\_\_\_ Licensed Practical Nurse

\_\_\_\_\_ Registered Nurse

**Pharmacy**

\_\_\_\_\_ Pharmacist

\_\_\_\_\_ Pharmacy Technician

\_\_\_\_\_ Drug Store

\_\_\_\_\_ Warehouse Distributor

\_\_\_\_\_ **Nursing Home Administrator**

\_\_\_\_\_ **Physicians Assistant**

\_\_\_\_\_ **Perfusionist**

\_\_\_\_\_ **Respiratory Care Therapist**

**Description of the Complaint:**

[illegible]

**Additional information or materials attached** ☐Yes ☐No

## AUTHORIZATION FOR RELEASE OF RECORDS AND REFERRAL OF COMPLAINT

**Please note that all complaints are investigated to determine their factual basis. The act of filing a complaint does not assure or imply that disciplinary action will be taken against the licensee.**

Complainant signature

Date \_\_\_\_\_

Mail this form to:  
Department of Public Health  
Division of Health Professions Licensure  
239 Causeway St., Suite 400  
Boston, MA 02114